

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



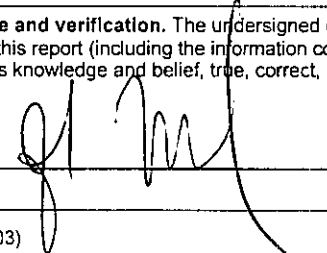
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 17002	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOHN N MONGELLO P.O. Box, Bldg., Room No., if any Street 325 73RD STREET City BROOKLYN State New York ZIP Code + 4 11209	4. Name, file number, and address of labor organization. Name LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES Labor Organization File Number 540-574 P.O. Box, Building and Room Number, if any Street 325 73RD STREET City BROOKLYN State New York ZIP Code + 4 11209
5. Position in labor organization. SECRETARY / TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <u>8/12/05</u> Date	<u>718-238-2399</u> Telephone Number

Name of Person Filing JOHN MONGELLO	File Number U-
-------------------------------------	----------------

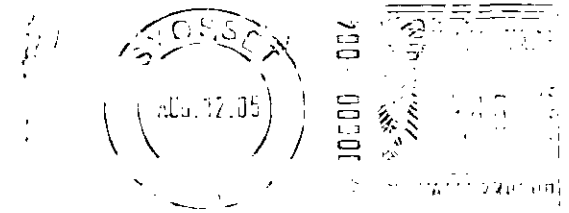
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name LIFE BENEFIT PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 325 73RD STREET</p> <p>City BROOKLYN</p> <p>State New York ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>ATTENDED VARIOUS TRUSTEE MEETINGS AND MEETINGS WITH CONSULTANTS AND INSURANCE PROVIDERS IN RELATIONS TO MY DUTIES AS FUND MANAGER AND TRUSTEE</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$415</p>


CELI & KOENIG
IFIED PUBLIC ACCOUNTANTS, P.C.
ERHILL BOULEVARD, SUITE 100
SYOSSET, NY 11791



U.S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Ave., NW
Washington, DC 20210-0001

20210+0001



Life - LM30

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>US Dept of Labor ESA/LMS, Rm N-5616 200 Constitution Ave NW Washington DC 20210</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 7004 2890 0001 8027 8798</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

6
LM
30